

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 12-6-02

\* 01-348

Patrick J. Grant  
555 12th Street, N.W.  
Washington, DC 20004

2. Article Number (Copy from service label)

0023 0771 2863

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) J. MELTON B. Date of Delivery 12/6/02

C. Signature

J. MELTON☒ Agent☐ AddresseeD. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ YesDOCKET NO. 01-348  
RECEIVED & INSPECTED

DEC 11 2002

FCC-MAIL ROOM

CERTIFIED  
MAIL

ORDER DATED

12-6-02

FCC 02M-169

RETURN RECEIPT REQUESTED

NAME: Patrick J. Grant  
555 12th Street, N.W.  
Washington, DC 20004

C. R. R. NO.

BY \_\_\_\_\_

## U.S. Postal Service

## CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage

\$ 37

Certified Fee

2.30Return Receipt Fee  
(Endorsement Required)1.75Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees

\$ 4.42

Name (Please Print Clearly) (to be completed by mailer)

PATRICK J. GRANT

Street, Apt. No., or PO Box No.

555 12TH STREET, N.W.

City, State, ZIP+4

WASHINGTON, DC 20004

PS Form 3800, July 1999

See Reverse for Instructions

E992 1270 0200 0090 0007

